

# APPLICATION ASSISTANCE REIMBURSEMENT

## APPLICATION ASSISTANCE PAYMENT(S)

The Application Assistance Reimbursement Section (section 9), #53 on page A3 of the application is used by Enrollment Entities and CAAs to request payment for applications that have been completed with the help of the organization. To receive payment for completed applications that result in enrollment into Healthy Families and/or Medi-Cal, Section 9 of the application must be completed by certified application assistants who have successfully completed the Application and Certification training.

**IMPORTANT:** The Enrollment Entity will not receive reimbursement (even if children are enrolled into the program as a result of their assistance) if Section 9 is not completed correctly!

If all reimbursement criteria is met, an EE may receive payment for an assisted application one time per family, per program, per year. An EE will not be reimbursed for application assistance in which a person was added to an active case. All family members living in the home must always be listed on one application.

The Application Assistant Payment System will automatically generate a payment on a weekly cycle for eligible applications that have a completed Section 9. Entities who do not correctly complete Section 9 will not receive reimbursement and will not be given an opportunity to supply the missing information at a later date.

Upon an application being assisted and meeting all other payment guidelines, a search for payable eligibility will be conducted for 80 days for Healthy Families enrollment. Upon a child being forwarded to the appropriate county and being placed on temporary Medi-Cal (MC Acceleration), the EE will receive payment for application assistance. Once confirmation of enrollment in either of the two programs is received, the EE will be reimbursed for application assistance.

As part of the proposed budget for Fiscal Year 2003-04, the \$50 application assistance reimbursement is proposed for elimination. Under the proposed, the elimination of application assistant fees will be effective June 30, 2003. The final checkwrite will be June 27, 2003. It is possible that a CAA may not receive payment for any applications submitted after June 10, 2003, because of the time necessary to determine eligibility.

## INCOMPLETE APPLICATIONS

Applications that are incomplete or lack documentation cannot be processed. The county Department of Social Services or Healthy Families enrollment contractor will need to contact the applicant to get additional information, or documents. For significant errors of omission, such as a signature, or failure to enclose a personal check or money order, the Healthy Families enrollment contractor will mail a notice to the family which describes the missing information that is necessary to process the application and call the family (including one attempt on a Saturday).

The county Department of Social Services eligibility worker will contact the applicant by sending a notice, or calling for additional information. The notice will identify the information that is needed to complete the application process and eligibility determination.

The intent of the application assistance reimbursement payment is to compensate community based organizations (CBOs) for a portion of the costs associated with supporting outreach and enrollments. The reimbursement payment is not intended to “pay” CBOs for their time or to be a sole means of support. To receive reimbursement:

- The organization must be an authorized Enrollment Entity (EE) with a completed Invitation to Participate, an EE number assigned by the DHS contractor and a Certified Application Assistant (CAA) on staff to assist with enrollment
- The EE must have a completed W-9 on file, and have received a vendor number
- For the EE to receive reimbursement for application assistance, the application must be assisted by an authorized CAA. In addition, all fields in Section 8, Box 50, must be filled in completely and clearly. It is highly recommended that Section 8 is filled in with blue or black ink. EEs should not use rubber stamps or stickers on the application, including Section 8, for it may not properly scan the information, possibly resulting in non-payment of application assistance.
- At least one applicant must be eligible to enroll in Healthy Families or Medi-Cal for Families.

It is important to ensure that Section 9 of the application is complete and legible. An incomplete Section 9 cannot be properly scanned for reimbursement consideration.

**NOTE:** The payment system is able to identify Medi-Cal eligibility quicker and easier if the Social Security Number (SSN) is provided with the application. However, if the SSN is not available, the payment system will search for Medi-Cal eligibility by the combination of information consisting of Applicants Last Name, First Name, Date of Birth, and Gender. Upon searching for Medi-Cal eligibility on an applicant or child in which the combination of information was provided versus the SSN, and the payment system receives multiple cases back as a match, the EE may not receive reimbursement for application assistance if the system cannot target the person enrolled with in a specific ratio of possible candidates. If Medi-Cal eligibility cannot be established within 150 days, the EE will not be reimbursed for application assistance. EEs will only be reimbursed if Medi-Cal eligibility can be confirmed with in 150 days. EEs will not be reimbursed for application assistance for a case already determined eligible and/or enrolled into no-cost Medi-Cal. In some cases, it has been determined that the assisted application is a duplicate and the appropriate county already has a previous application pending. If the initial application results in eligibility, the EE will not receive reimbursement.

## TRACKING APPLICATION ASSISTANCE PAYMENTS

EDS provides a Remittance Advice with each reimbursement check sent to enrollment entities. The Remittance Advice shows all approved applications reimbursed by the included check. This report should be reviewed carefully. The format is as follows:

1	2	3	4	5	6	7
INVOICE / CUSTOMER NUMBER	Invoice Date	Request NBR	Gross Amount	Tax Short PD	D Count	Paid Amount
000012345A-20010012345-H-12345678 CAA# - Case# - Program Indicator - Request ID# (Barcode)	06/10/01	System Generated	50.00	0.00	0.00	50.00

- 1** The first set of nine digits identifies the CAA who assisted the application. The next set of eleven digits identifies the Family Member Number. Following the Family Member Number is the Program Indicator (H = Healthy Families, M = Medi-Cal, A = AER). The last set of 8 digits identifies the Request ID Number or bar code located at the bottom of Page A-1 of the application.

Invoice information will be replaced by the first eight letters of the applicant's last name if the application is for the annual eligibility renewal or application submitted does not have a barcode number. If the applicant's last name has fewer than eight letters, remaining spaces will be blank.

- 2** Date the application is deemed eligible for reimbursement at the SPE (Single Point of Entry).

**3, 5, 6, 7** For EDS office use only.

- 4** This column indicates the amount EDS is reimbursing for a Healthy Families or Medi-Cal successful enrollment or re-enrollment (AER). If one child is enrolled in HF and one in MC, they will have separate invoice numbers.

## TRACKING APPLICATION ASSISTANCE PAYMENTS . . . CONTINUED

### MONTHLY ENTITY PAYMENT REPORT

To track your reimbursement more efficiently and effectively, the EE should review all remittance advices and Monthly Entity Payment Reports. The Monthly Entity Payment Report consists of three main areas: Approved payment, Pending payment and Denied payment.

#### APPROVED PAYMENT REQUESTS

- *Case #* – (Family Member Number) – Identification Number given to all documents received by HF Administrative Vendor/SPE.
- *CAA #* – Certification Application Assistant Identification number identifying specifically who assisted the family with the application.
- *Request Identification* – will be identified by one of the following
  - First seven letters of the Applicant's Last Name.
  - Bar Code shown at the bottom of Page A1 followed by a zero (0).
- *Applicant Name* – Person applying listed on the top of Page A1.
- *Child's Name* – Will list only one child per program being applied for.
- *Check Date* – The date in which payment for the Request Identification was issued.
- *Check No* – The check number of check issued for payment.
- *Paid Amount* – Lists the amount paid.

\*Reminder – 'See Remittance'

Monthly Payment Reports only identify activity for the Enrollment Entity during the reported Month. If a Request Identification number appears with 'See Remittance', the Monthly Payment Report is identifying a Request that has been determined payable in the Reported Month, yet was paid in the following month. A Payable Request will not appear in the following Month's Report as it has already been identified in the previous Month as paid. You may also review your Remittance Advice to identify which specific cases were paid on each Check issued.

#### DENIED PAYMENT REQUESTS

- *Case #* – (Family Member Number) – Identification Number given to all documents received by HF Administrative Vendor/SPE.
- *CAA #* – Certification Application Assistant Identification number identifying specifically who assisted the family with the application.
- *Request Identification* – will be identified by one of the following
  - First seven letters of the Applicant's Last Name.
  - Bar Code shown at the bottom of Page A1 followed by a zero (0).
- *Applicant Name* – Person applying listed on the top of Page A1.
- *Child's Name* – Will list only one child per program being applied for.
- *Application Forwarded on* – displays date in which the application was forwarded to a County Medi-Cal office for processing. Please reference the 'Explanation of Monthly Payment Report Codes' sent with each Monthly Payment Report for Codes #8001 through #8058.

## TRACKING APPLICATION ASSISTANCE PAYMENTS . . . CONTINUED

- Denial Code – displays either of the denial codes.
  - # 7007 – Unable to establish payable Healthy Families eligibility after a search for 80 days. Payment will not be issued for this request. This code does not reflect the actual eligibility of the application. Payment will not be issued for this request.
  - # 7006 – Unable to establish payable Medi-Cal eligibility after a search for 150 days. This code does not reflect the actual eligibility of the application. Payment will not be issued for this request.
  - # 7010 – Unable to establish payable eligibility within a search for 80 days. Please contact the family as they have been notified of the outcome of their application. (Denied cases are subject to adjustment due to the appeals process within the 80 days.)

## PENDING PAYMENT REQUESTS

- Case # – (Family Member Number) – Identification Number given to all documents received by HF Administrative Vendor/SPE.
- CAA # – Certification Application Assistant Identification number identifying specifically who assisted the family with the application.
- Request Identification – will be identified by one of the following
  - First seven letters of the Applicant's Last Name.
  - Bar Code shown at the bottom of Page A1 followed by a zero (0).
- Applicant Name – Person applying listed on the top of Page A1.
- Child's Name – Will list only one child per program being applied for.
- Application Forwarded on – displays date in which the application was forwarded to a County Medi-Cal office for processing. Please reference the 'Explanation of Monthly Payment Report Codes' sent with each Monthly Payment Report for Codes #8001 through #8058.
- Pending Code – displays either of the pending codes
  - # 8059 – In process for Healthy Families eligibility.
  - # 80\_\_\_\_, referencing the specific County Medi-Cal Office the application was forwarded to .

The Application Assistance Payment Unit (AAPU) can be contacted as follows:

- Call 1-888-747-1222 (press\*) to contact an Application Assistance Line Representative
- Fax to 1-(916)-859-2388, Attn: AAPU
- Mail to Healthy Families, Attn: AAPU, P.O. Box 138005, Sacramento, CA. 95813-8005
- E-mail to [HFAAPU@eds.com](mailto:HFAAPU@eds.com)

All correspondence and payment inquiries from an EE must be from one of the two authorized EE Contacts named in the database. All reimbursement research requests must be made in writing (via fax, mail or e-mail) and presented on the Request for Payment Information Form as displayed on page 8-6. The intent of the Request for Reimbursement Payment Information Form is for denied cases with eligibility confirmed with the family, yet the EE has not been reimbursed for this assisted application.

## REQUEST FOR PAYMENT INFORMATION

<b>TO:</b> EDS/AAPU Application Assistance Payment Unit P.O. Box 138005 Sacramento CA 95813 – 8005 Fax #: 916-859-2388	<b>FROM:</b> Organization Name: _____ EE #: _____ Contact Name: _____ Fax #: _____ Phone #: _____ Date: _____
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**Code Letter** (Please fill in each Code Letter box using the examples below)

AA	These invoices have never appeared on my Monthly Payment Report. I have verified eligibility and have not received reimbursement.
BB	I am unsure which invoice is being paid on my Remittance Advice.
CC	I have verified eligibility with the family and have not received reimbursement.
DD	Other: (please explain).

\*Program: (HF) Healthy Families  
(MC) Medi-Cal  
(AER) Annual Eligibility Review (most recent current year unless otherwise specified).

**Please print clearly.** All requested information must be provided (except child's SSN if not available) for timely response from EDS/AAPU. Three (3) requests can be made per fax sheet. EDS/AAPU will respond within five (5) working days.

Information requested:	Column for EE to fill in	AAPU will respond in this column	Code Letter
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Request Identification #:			<b>Code</b>
Applicant's Name(last, first):			
Child's Name (last, first):			
Child's SSN (if available):			<b>Program</b>
Child's Date of Birth:			
Case # (if available):			

Request Identification #:			<b>Code</b>
Applicant's Name(last, first):			
Child's Name (last, first):			
Child's SSN (if available):			<b>Program</b>
Child's Date of Birth:			
Case # (if available):			

Request Identification #:			<b>Code</b>
Applicant's Name(last, first):			
Child's Name (last, first):			
Child's SSN (if available):			<b>Program</b>
Child's Date of Birth:			
Case # (if available):			

For questions regarding reimbursements, please call 1-888-747-1222 (press \* key in the language menu).  
EDS/AAPU – Application Assistance Payment Unit